

AOC-700A Doc. Code: PIHAD  
Rev. 2-17  
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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
KRS 222.432



**VERIFIED PETITION  
For 60/360 DAY INVOLUNTARY TREATMENT  
(ALCOHOL/DRUG ABUSE)**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF: \_\_\_\_\_  
Respondent's Name (please print)

RESPONDENT'S RESIDENCE ADDRESS: (Please print)  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

CURRENT LOCATION: (if different)  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

1. PETITIONER, \_\_\_\_\_  
Petitioner's Name (please print)

PETITIONER'S ADDRESS: (Please print)  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

states that he/she is:  Spouse;  Relative;  Friend; or  Guardian, of the above-named Respondent.

2. PETITIONER further states that the name, address, and residence of persons related to the Respondent are: (if unknown, so state)

Parents or guardian: \_\_\_\_\_

Spouse: \_\_\_\_\_

Person having custody of Respondent: \_\_\_\_\_

Near relative: \_\_\_\_\_

Other: \_\_\_\_\_

3. PETITIONER believes that the Respondent is a person suffering from alcohol and/or other drug abuse because: (state facts to support belief)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. PETITIONER also believes that the Respondent presents a danger or threat of danger to self, family or others because: (state facts to support belief)

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5. PETITIONER requests that the Respondent be detained for examination, evaluation and hospitalization/ admittance to a treatment facility if he/she meets the criteria for:

- involuntary treatment for not more than sixty (60) consecutive days; or
- involuntary treatment for not more than three hundred and sixty (360) consecutive days.

\_\_\_\_\_, 2\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Petitioner**

\_\_\_\_\_  
**Name of Petitioner (please print)**

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
County, Kentucky

**GUARANTEE OF PAYMENT**

Pursuant to KRS 222.432(4)(f), either the Petitioner or other authorized person (spouse, relative, friend, or guardian) shall guarantee any and all costs for treatment of the Respondent for alcohol and other drug abuse, as may be hereinafter ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of the respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Relationship to Respondent  
(Petitioner, or Spouse, Relative, Friend, Guardian)

\_\_\_\_\_  
Signature

**Billing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Name/Title or Notary Public

\_\_\_\_\_  
County, Kentucky

**Attach copy of Verified Petition to each copy of Warrant, Summons, and Hearing, Examination and Appointment of Counsel Notice and Order.**

Distribution: Respondent; Petitioner; Respondent's Legal Guardian, Spouse, Parent(s), Near Relative or Friend (if applicable).